Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

35722/238390

| CLAIMS AS FILED - PART I                                               |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                               |              |                   | SMALL ENTITY |                     |                                           |                                         | OTHER THAN          |                        |
|------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------|--------------|-------------------|--------------|---------------------|-------------------------------------------|-----------------------------------------|---------------------|------------------------|
| Sales<br>Sales                                                         |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Column           | 1)                            | (Colu        | mn 2)             | -            | TYPE                |                                           | OR                                      | SMALL               |                        |
| TOTAL CLAIMS                                                           |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12                |                               |              |                   |              | RATE                | FEE                                       |                                         | RATE                | FEE                    |
| FOR                                                                    |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NUMBER FILED      |                               | NUMBER EXTRA |                   |              | BASIC FEE           | 355.00                                    | OR                                      | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS                                                |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2 minus 20=       |                               | · Ø          |                   |              | X\$ 9=              |                                           | OR                                      | X\$18=              | 10.14.5                |
| İNC                                                                    | EPENDENT CI                  | AIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7 minus 3 =       |                               | · Ø          |                   |              | X40=                |                                           | OR                                      | X80=                | 1                      |
| MU                                                                     | LTIPLE DEPEN                 | IDENT CLAIM PI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RESENT            | •                             |              |                   |              | +135=               |                                           | OR                                      | +270=               |                        |
| If the difference in column 1 is less than zero, enter "0" in column 2 |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                               |              |                   |              | TOTAL               | 355                                       | J                                       | TOTAL               | A Marie                |
| CLAIMS AS AMENDED - PART II                                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                               |              |                   | • •          | 137. 33.53          | my 10 m/s 10 m/s                          |                                         | OTHER               | THAN                   |
|                                                                        |                              | (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   | (Colur                        | nn 2)        | (Column 3)        |              | SMALL               | ENTITY                                    | OR                                      | SMALL               |                        |
| MENDMENTA                                                              |                              | CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA  |              | RATE                | ADDI-<br>TIONAL<br>FEE                    |                                         | RATE                | ADDI-<br>TIONAL        |
| NOW                                                                    | Total                        | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus             | 2                             | 0            | = .               |              | X\$ 9=              |                                           | OR                                      | X\$18=              |                        |
| ME                                                                     | Independent                  | * r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Minus             | *** 2                         | 3            | =                 | ll           | X40=                |                                           | OR                                      | X80=                |                        |
| 16.<br>1873                                                            | FIRST PRESENTATION OF MULTIP |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | PENDENT                       | CLAIM        |                   | <b> </b>     | +135=               | alt the                                   | 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - | +270=               | John State             |
|                                                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                               |              |                   |              | / TOTAL             | ام کا ایک ایک ایک ایک ایک ایک ایک ایک ایک | OR                                      | TOTAL               | সন্ধ্রীর্ভি            |
|                                                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                               |              |                   | /            | ADDIT. FEE          |                                           | OR                                      | ADDIT. FEE          |                        |
| 1.35                                                                   |                              | CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1                 | (Colur                        |              | (Column 3)        | 1 2          | <u> </u>            |                                           |                                         |                     |                        |
| AMENDMENT B                                                            |                              | REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | NUM<br>PREVIO<br>PAID         | BER<br>DUSLY | PRESENT<br>EXTRA  |              | RATE                | ADDI-<br>TIONAL<br>FEE                    | <b>y</b> . N.                           | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDW                                                                    | Total                        | 18 18 18 18 18 18 18 18 18 18 18 18 18 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Minus             | **                            |              | =                 |              | X\$ 9=              |                                           | OR                                      | X\$18=              | 1.75                   |
| AME                                                                    | Independent                  | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus             | ***                           |              | = -               |              | X40=                |                                           | OR                                      | X80=                |                        |
| Ļ                                                                      | FIRST PRESE                  | NTATION OF MU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | JLTIPLE DEF       | PENDENT                       | CLAIM        |                   | J            | +135=               | •                                         | OR                                      | +270=               |                        |
|                                                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                               |              |                   | L            | TOTAL               |                                           |                                         | TOTAL               |                        |
|                                                                        | 2-                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                               |              |                   | P            | ADDIT. FEE          |                                           |                                         | ADDIT. FEE          | • . • .                |
| _                                                                      |                              | (Column 1)<br>CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1                 | (Colur<br>HIGH                |              | (Column 3)        | 1 _          |                     |                                           |                                         |                     |                        |
| AMENDMENT C                                                            |                              | REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | NUMI<br>PREVIO<br>PAID        | BER<br>DUSLY | PRESENT<br>EXTRA  |              | RATE                | ADDI-<br>TIONAL<br>FEE                    |                                         | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                        | Total                        | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus             | **                            |              | =                 |              | X\$ 9=              |                                           | OR                                      | X\$18=              |                        |
|                                                                        | Ind pendent                  | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus             | ***                           |              | =                 | ]            | X40=                |                                           |                                         | X80=                |                        |
|                                                                        | FIRST PRESE                  | NTATION OF M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | JLTIPLE DEPENDENT |                               | CLAIM        |                   | ]            | /402                |                                           | OR                                      | 7.00=               | <del></del>            |
|                                                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                               |              |                   | <sup>-</sup> | +135=               |                                           | OR                                      | +270=               |                        |
| **                                                                     | If the "Highest Nu           | mn 1 is less than the mber Previously Particular Previously Particular Previously Previo | aid For" IN THI   | S SPACE I                     | s less tha   | n 20, enter "20.' | ." A         | TOTAL<br>ADDIT, FEE |                                           | OR                                      | TOTAL<br>ADDIT. FEE |                        |
|                                                                        |                              | mber Previously Pa<br>nber Previously Pai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                               |              |                   | er fou       | nd in the app       | ropriate box                              | in col                                  | umn 1.              |                        |